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, ,,	201100		0, 20		Num	uci

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CI AIMS A	C EII EN	DART		· · · · · · · · · · · · · · · · · · ·						
CLAIIVIS A			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			/					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 = *		* 0			X43=		OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	1
* If the difference in column 1 is less than zero, enter "0" in column					column 2		TOTAL		OR	TOTAL	770	
		LAIMS AS A	MENDE	- PAR	TII	•			-		OTHER	
	 	(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	***	CL AINA	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JUIPLE DEF	PENDENI	CLAIN		ا ا	+145=		OR	+290=	
							L	TOTAL		י בו	TOTAL	
							A	ADDIT. FEE		JOR ,	ADDIT. FEE	
		(Column 1) CLAIMS	<u> </u>	(Colum		(Column 3)	1 -	.				
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	••	=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CL AILA	=		X43=	-	OR	X86=	
	FIRST PRESE	INTATION OF MC	LIPLE DEP	ENDENT	CLATIVI		' [+145=		OR	+290=	
							L	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	. <u>.</u>	(Column 1)	·	(Colum		(Column 3)					,	
ENT C	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		o'R	X86=	
ئــ	PIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
** [1	* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL ODIT. FEE		L	TOTAL DDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.												